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Integrating Spiritual Care in Polycystic Ovary Syndrome Management: A Proposed Framework for Care and Spiritual Health

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Dear Editor

Polycystic ovary syndrome (PCOS) is a widespread endocrine disorder with profound implications for both physical and psychological health. Women affected by PCOS are at an increased risk of diminished quality of life, as well as heightened susceptibility to mental health challenges, including anxiety and depression. The multifactorial etiology of PCOS—encompassing genetic, hormonal, and lifestyle factors—highlights the pivotal role of stress in both its development and progression. Although interventions such as dietary modifications, physical activity, and cognitive behavioral therapy have proven effective in enhancing overall well-being, their sustained success necessitates a more integrative and personalized approach (1).

Emerging evidence underscores the interconnection between stress, sedentary behavior, and poor dietary habits in driving the metabolic dysfunction commonly observed in PCOS. For example, lifestyle interventions incorporating yoga, nutritional regulation, and behavioral modification have shown encouraging results in promoting menstrual regularity and achieving weight control. These cost-effective, first-line approaches are particularly suitable for younger women with PCOS, though additional high-quality research remains warranted (2). Importantly, a lower body mass index (BMI) has been correlated with a reduction in psychological symptoms among women with PCOS, who frequently experience significantly greater levels of anxiety and depression compared to their peers (3).

Mental health disorders—especially eating disorders—are disproportionately prevalent in this population and may significantly impede treatment adherence and weight management. Early detection and targeted intervention for

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disordered eating behaviors can markedly improve treatment outcomes and facilitate more tailored care strategies (4).

To address these complex and overlapping needs, the biopsychosocial–spiritual (BPSS) model offers a comprehensive and holistic framework for understanding and supporting women with PCOS. This model emphasizes the integration of physical, psychological, social, and spiritual domains of health. Particularly when navigating emotionally charged aspects of the condition—such as infertility, body image dissatisfaction, and long-term health risks—spiritual well-being may enhance resilience and elevate overall quality of life (5). While qualitative studies underscore the significance of spirituality, robust evidence from randomized controlled trials is still needed to confirm its direct impact on clinical outcomes in PCOS. Given the central pathophysiological features of the disorder, such as insulin resistance and hyperandrogenism, an effective treatment strategy must concurrently target both physiological and psychosocial components (6).

Research indicates that women with PCOS who maintain strong religious or spiritual beliefs often demonstrate greater coping capacity when confronting the challenges posed by the condition (7). Although evaluating and enhancing spiritual health in clinical settings can be challenging due to its inherently subjective nature, validated instruments such as the Spiritual Well-Being Scale (SWBS) and the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being (FACIT-Sp) can reliably assess this domain. Recommended strategies include routine spiritual assessments, spiritual counseling, and mindfulness-based practices—all of which can contribute meaningfully to improved health outcomes (8, 9).

In conclusion, spiritual well-being should be regarded not as an ancillary or optional element, but rather as a central and indispensable component of comprehensive, patient-centered PCOS care. Incorporating spiritual dimensions into clinical guidelines, patient education, and healthcare provider training can enhance psychological resilience, increase patient satisfaction, and potentially lead to improved clinical outcomes. We urge both researchers and clinicians to adopt and operationalize the BPSS model across theoretical paradigms and practical interventions.

Future research should prioritize the development of integrated BPSS-based protocols for gynecological clinics, encompassing staff education and structured patient assessment tools. To facilitate the implementation of the BPSS model in gynecological care—particularly for PCOS patients—the following actionable steps are proposed:

(i) Incorporate psychosocial and spiritual assessments into patient intake processes using validated tools such as the FACIT-Sp or SWBS; (ii) Establish multidisciplinary care teams, including gynecologists, mental health professionals, dietitians, and spiritual counselors, to develop individualized care plans that address both medical and psychosocial needs; (iii) Provide professional development opportunities for healthcare providers to deepen their understanding of spiritual well-being and its relevance to reproductive and endocrine health; and (iv) Offer optional, evidence-based group interventions, such as mindfulness sessions, yoga, and peer support groups, to foster holistic patient care. These cost-effective initiatives are likely to improve treatment adherence, enhance patient satisfaction, and support better long-term health outcomes.

Conflict of Interest

The authors declare no conflicts of interest.

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